



North Carolina Department of Health and Human Services
Division of Public Health

Pat McCrory
Governor

Richard O. Brajer
Secretary

Daniel Staley
Acting Division Director

September 22, 2015

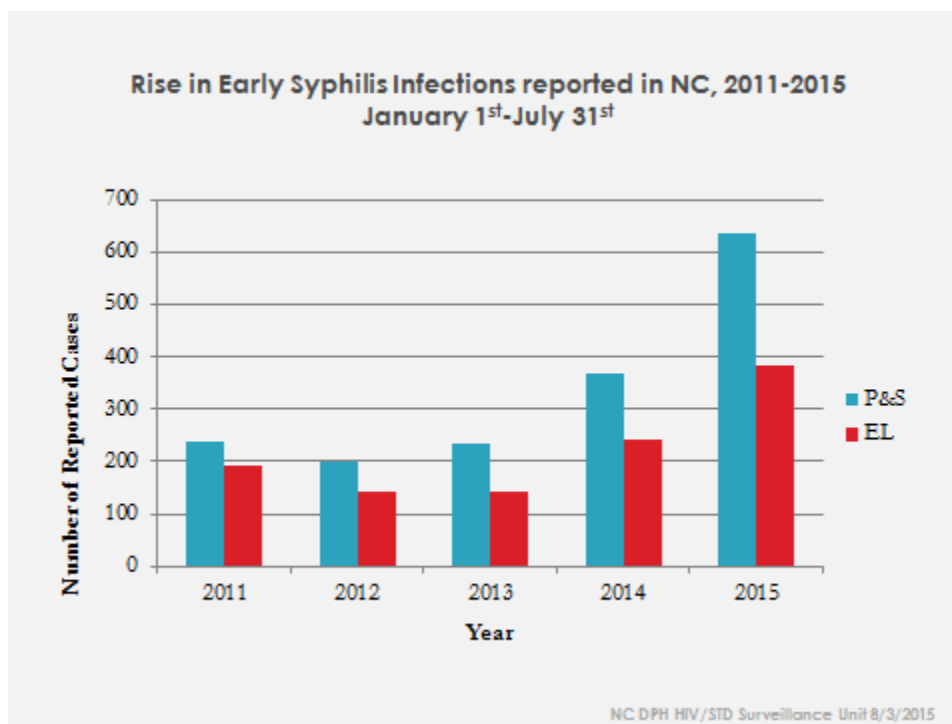
Public Health Advisory

TO: North Carolina Medical Providers

FROM: Victoria Mobley, MD MPH
Medical Director HIV/STD Program

SUBJECT: Continued rise in Early Syphilis cases in North Carolina

Early syphilis infections in North Carolina continue to rise. As of July 31, 2015, there have been 1022 early syphilis (primary, secondary and early latent) infections reported in NC. This represents a 67% increase compared to the same time period in 2014.



www.ncdhhs.gov • www.publichealth.nc.gov

Tel 919-733-7301 • Fax 919-733-1020

Location: 225 N. McDowell St • Raleigh, NC 27603

Mailing Address: 1902 Mail Service Center • Raleigh, NC 27699-1900

An Equal Opportunity / Affirmative Action Employer



Males comprise the majority of the newly reported early syphilis infections, with men who have sex with men (MSM) and HIV positive individuals being at highest risk for new infections. In 2014, 48% of males diagnosed with early syphilis infections were co-infected with HIV. Additionally, we have also observed an increase in early syphilis cases among women and in congenital syphilis infections. As the early syphilis infections continue to rise, we are asking all health care providers to assist us in dealing with this worsening epidemic by incorporating the below screening and treatment recommendations into your clinical practices.

SCREENING, EMPIRIC TREATMENT, AND PARTNER NOTIFICATION

1. All patients should receive a thorough STD risk assessment as part of a routine health evaluation. Information on how to take a sexual history can be found at: <http://www.cdc.gov/STD/treatment/SexualHistory.pdf>.
2. Syphilis serologic testing should be performed on anyone with signs or symptoms of syphilis. Common signs of syphilis include genital/oral/anal ulceration(s) or a generalized rash, often involving both the palms and soles.
3. Empirically treat, **without waiting for test results**, any patient who presents with classic features of primary or secondary syphilis OR who has had a recent sexual exposure to an early syphilis case.
4. Up to 30% of patients with primary syphilis infections may have negative syphilis serologic tests, thus clinical findings consistent with primary syphilis should be **presumptively treated even if serologic testing is negative**.
5. Though uncommon, beware of the “**prozone phenomenon**” in patients with symptoms consistent with secondary syphilis. This is a false negative RPR/VDRL test result due to high antibody titers. **If a patient presents with classic clinical signs of secondary syphilis and a negative RPR/VDRL test result we recommend 1) request repeat RPR/VDRL on a diluted specimen, AND 2) empirically treat for secondary syphilis without waiting for repeat testing result.**
6. Perform syphilis serologic screening for all MSM and HIV-positive patients **at least once annually**, and **every 3 months** for individuals with ongoing high-risk behaviors. High-risk behaviors include having multiple or anonymous sexual partners, engaging in unprotected intercourse, or having sex in conjunction with illicit drug use.
7. Screen all pregnant women at the **first** prenatal visit, between **28-30 weeks** gestation and **at delivery**, (10A NCAC 41A .0204 CONTROL MEASURES - SEXUALLY TRANSMITTED DISEASES).
8. Assess for signs of ocular or other neurologic involvement in **ALL** patients with confirmed or suspected syphilis infections. **Immediate referral for evaluation and treatment is necessary to prevent significant sequelae such as blindness.** More information can be found at: <http://www.cdc.gov/std/syphilis/clinicaladvisoryos2015.htm>.
9. HIV serologic screening should be performed in **ALL** patients with a new syphilis diagnosis unless they are already known to be HIV-positive.
10. Encourage all patients with primary, secondary or early latent syphilis to notify their sexual partners of the need to seek testing AND empiric treatment.

TREATMENT OF EARLY SYPHILIS INFECTIONS

The 2015 CDC Treatment Guidelines for syphilis can be accessed at: <http://www.cdc.gov/std/tg2015/syphilis.htm>

1. First-line treatment of primary, secondary and early latent syphilis infections is with a one-time dose of 2.4 million units of Benzathine Penicillin G (Bicillin L-A) for non-allergic patients

2. Penicillin allergic, **non-pregnant**, patients can be treated with doxycycline 100 mg orally twice daily for 14 days.
3. Pregnant women who are penicillin allergic **MUST** be desensitized and treated with penicillin.
4. If you do not have Bicillin readily available in your practice, please **refer the patient** to your local health department for appropriate treatment.

REPORT ALL PRIMARY, SECONDARY AND EARLY LATENT SYPHILIS CASES

Local Health Departments and the Communicable Disease Branch employ confidential means to locate and notify the partners of all early syphilis cases. This activity is essential to provide prophylactic treatment to exposed partners and control the outbreak.

1. Reporting of all new early syphilis cases within 24 hours of diagnosis to public health is required by law in North Carolina. **Your timely reporting of all cases is critical to the success of prevention and partner notification efforts.**
2. Physician disease report cards should be completed and faxed to your local health department within 24 hours of disease diagnosis or treatment for presumed syphilis.
3. Additional information about disease reporting in North Carolina and a downloadable disease report form can be found at: http://epi.publichealth.nc.gov/cd/docs/dhhs_2124.pdf

Please contact your local health department or the NC Communicable Disease Branch's Epidemiologist On-call (919-733-3419) with any questions or concerns. We need your help to rapidly identify and treat infected individuals and their sexual partners. If your patients would like to learn more about syphilis or other STIs and how to prevent them please refer them to NC's Communicable Disease Branch website, <http://epi.publichealth.nc.gov/cd/lhds/manuals/std/stds.html>.

We appreciate your commitment to maintaining and promoting the health of all North Carolinians.